Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11942934	A. BUILDING: _____ B. WING _____	03/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE RESIDENCE AT POMPANO BEACH LLC	295 SW 4TH AVENUE POMPANO BEACH, FL 33060

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced Relicensure and Complaint survey, complaint #2025002393, was conducted on - at The Residence At Pompano Beach LLC. The facility had deficiencies identified related to the Relicensure and Complaint at the time of the survey.	A 000		
A 010	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is agreed to by the facility and the resident,	A 010		

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additional care is provided by a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care.
(d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to:
a. Move, turn, or reposition without total physical assistance;
b. Transfer to a chair or wheelchair without total physical assistance; or
c. Sit safely in a chair or wheelchair without personal assistance or a physical .
2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days.
3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days.

(2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the

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A 010	Continued From page 2 applicable department. (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to-medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S. (b) A resident requiring care of a , may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care practitioner, 2. The condition is documented in the resident's	A 010		

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A 010	Continued From page 3 record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care practitioner, the resident must be discharged from the facility. (c) A , ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities	A 010		

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A 010	Continued From page 4 holding an extended congregate care license are described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, it was determined that the facility failed to ensure residents were reassessed for continued residency upon significant health changes to ensure the resident met the criteria for continued residency and that the facility was capable of providing care and services based on the resident's needs and diagnosis for 2 out of 4 sample residents record reviewed (Resident's #5 and 6). The findings included: 1)During a facility tour on at approximately 10:30 AM with Staff C (Medication Technician), Resident #5 was observed in her # sitting in a wheelchair leaning forward. Staff called the resident name to get her attention and sit upright, Staff went over to the resident and assisted her to an upright position. Staff C informed the surveyor that the facility staff that provide care and services feed Resident #5 also provide total care with all related Activity of Daily Living (ADLs) such as ambulation, bathing, eating, grooming, toileting, and transferring. At this time Staff C confirmed the resident receives total care with ADLs. During an interview on at approximately 10: 35 AM, the surveyor attempted an interview with Resident #5, she was asked what care and services she is receiving from the facility staff. Resident #5 was nonverbal and did not answer the surveyor's question. At this time Staff C confirmed Resident #5 is nonverbal.	A 010		

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A 010	Continued From page 5 During an interview on at approximately 1:30 PM with the Administrator, she was asked to provide Resident #5's file, containing health assessment, six months of progress notes, six months of medication administration records and documentation of any third-party services been provided. A record review of Resident #5's file revealed admission date of . Further review revealed Health Assessment form (AHCA 1823) dated documented medical history and diagnosis as , , , ( ), ,, (high ,) ( ), Non- , ( ), , , , Gait instability. Physical or Sensory limitation documented resident uses wheelchair and ADLs as need assistance with ambulation, bathing, , eating, grooming, toileting, and transferring. The resident was not documented as receiving hospice care services neither was there a care plan to reflect the facility plan to provide care for the resident that had exhibited sighs of a health decline. During an interview on at approximately 2:30 PM with Lead Caregiver (Lead shift CNA) she was asked what care and services are being provided to Resident #5 and at this time Lead Caregiver confirmed that the resident had recently declined and receives total care. 2)During an observation on at approximately 8:55 AM Resident #6 was in the common area (living room/lobby) she was observed ambulating with a rolling walker in the direction of the sitting area and struggling to balance. Further observation revealed Resident	A 010		

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#6 was wearing a pair of navy blue and white striped slip-on sneakers that were coming off the resident's . The surveyor observed he resident struggled to reach and sit on the sofa. Resident #6 sat on a grey sofa and began sleeping. Resident was wearing a black denim jacket, a grey t-shirt, grey sweatpants with blue and red writing and yellow lightning bolt designs.

During an observation on at approximately 7:05 AM Resident #6 was observed sleeping on the same grey sofa, wrapped in a white bedsheet blanket and strong smell. Further observation at approximately 9:35 AM, Staff P (Medication Technician) was observed waking resident to perform a medication pass.

During an interview on at approximately 9:55 AM with Resident#6, she was asked if she requires assistance with bathing and grooming and she stated facility staff assists her.

During an observation on at approximately 1:13 PM the surveyor observed Resident #6 sleeping on the grey sofa, wearing the same clothes from the prior day, a strong smell was still present and flies were swarming around the resident.

During an observation on at approximately 2:07 PM Resident #6 was still sleeping on the common area grey sofa and wearing the same clothes.

During an interview on at approximately 5:00 PM with the Director of Wellness, she was informed to provide Resident #6's file.

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A 010	Continued From page 7 A review of Resident #6's file revealed a Health Assessment dated , documented the following diagnoses: due to the of the Right . Further review revealed a document titled 'Admission Observation' completed on by the facility's Director of Nursing, documented the resident had other diagnoses such as , ( ), , ( ), , and . During an interview on at approximately 6:30 PM with the Administrator and Director of Wellness they were both informed of the findings. No additional documentation was provided. Class III	A 010		

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A 010	Continued From page 5 During an interview on at approximately 1:30 PM with the Administrator, she was asked to provide Resident #5's file, containing health assessment, six months of progress notes, six months of medication administration records and documentation of any third-party services been provided. A record review of Resident #5's file revealed admission date of . Further review revealed Health Assessment form (AHCA 1823) dated documented medical history and diagnosis as , , , ( ), , , (high ,) ( ), Non- , ( ), , , , Gait instability. Physical or Sensory limitation documented resident uses wheelchair and ADLs as need assistance with ambulation, bathing, , eating, grooming, toileting, and transferring. The resident was not documented as receiving hospice care services neither was there a care plan to reflect the facility plan to provide care for the resident that had exhibited sighs of a health decline. During an interview on at approximately 2:30 PM with Lead Caregiver (Lead shift CNA) she was asked what care and services are being provided to Resident #5 and at this time Lead Caregiver confirmed that the resident had recently declined and receives total care. 2)During an observation on at approximately 8:55 AM Resident #6 was in the common area (living room/lobby) she was observed ambulating with a rolling walker in the direction of the sitting area and struggling to balance. Further observation revealed Resident	A 010		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11942934	A. BUILDING: _____ B. WING _____	03/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A	Continued From page 6 #6 was wearing a pair of navy blue and white striped slip-on sneakers that were coming off the resident's . The surveyor observed he resident struggled to reach and sit on the sofa. Resident #6 sat on a grey sofa and began sleeping. Resident was wearing a black denim jacket, a grey t-shirt, grey sweatpants with blue and red writing and yellow lightning bolt designs. During an observation on at approximately 7:05 AM Resident #6 was observed sleeping on the same grey sofa, wrapped in a white bedsheet blanket and strong smell. Further observation at approximately 9:35 AM, Staff P (Medication Technician) was observed waking resident to perform a medication pass. During an interview on at approximately 9:55 AM with Resident#6, she was asked if she requires assistance with bathing and grooming and she stated facility staff assists her. During an observation on at approximately 1:13 PM the surveyor observed Resident #6 sleeping on the grey sofa, wearing the same clothes from the prior day, a strong smell was still present and flies were swarming around the resident. During an observation on at approximately 2:07 PM Resident #6 was still sleeping on the common area grey sofa and wearing the same clothes. During an interview on at approximately 5:00 PM with the Director of Wellness, she was informed to provide Resident #6's file.	A 010		

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A 010	Continued From page 7 A review of Resident #6's file revealed a Health Assessment dated , documented the following diagnoses: due to the of the Right . Further review revealed a document titled 'Admission Observation' completed on by the facility's Director of Nursing, documented the resident had other diagnoses such as , ( ), , ( ), , and . During an interview on at approximately 6:30 PM with the Administrator and Director of Wellness they were both informed of the findings. No additional documentation was provided. Class III	A 010		